

Department of Labor

2953.103

**2953.103 Acquisition Screening and Review—over \$100,000 DL 1-2004.**

The requiring organization must complete the following form for all ac-

quisitions above the *simplified acquisition threshold*. This form will then be submitted through the contracting officer to the Office of Small Business Programs for review.

Acquisition Screening and Review - over \$100,000		U.S. Department of Labor	
<b>A. Originating Agency</b>			
1. Purchasing Office Name: Street Address: City: State: Zip: Phone Number:		2. Date of Purchase Request:	
		3. Estimated Dollar Value This FY: _____ Total Contract Value: _____	4. Period of Performance (Include Option Years):
5. Description of Product or Service:		6. Recommended Method of Procurement (Select a method from block 11 below):	
7. Signature of Small Business Specialist:		Date:	
<b>B. Contracting Office</b>			
8. Solicitation Number:		9. Estimated Date of Release:	10. Estimated Date of Response/Opening:
11. Check all applicable boxes: Proposed Method of Procurement <input type="checkbox"/> GSA - Multiple Award Schedule order <input type="checkbox"/> Multi-agency contract order <input type="checkbox"/> Govt-wide acquisition contract order <input type="checkbox"/> Open Market Buy - Select <i>one</i> of the following: <input type="checkbox"/> 8(a)/HUBZone sole source (I.D. Proposed Contractor) <input type="checkbox"/> HUBZone sole source <input type="checkbox"/> 8(a) sole source <input type="checkbox"/> HUBZone competition <input type="checkbox"/> 8(a) competition <input type="checkbox"/> 100% Small Business Set-Aside <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> Unrestricted - Insufficient Small Business (attach justification, proposed subcontracting amounts and evaluation preference for SDB's)		12. NAICS Code and Small Business Size Standard:	14. Proposed Issuing Number of Solicitations to: No. ____ 8(a) ____ HUBZone ____ Small Disadvantaged Business (SDB) ____ Women-Owned Small Business (WOSB) ____ Service Disabled Veterans-Owned Small Business (SDVOSB) ____ Veteran-Owned Small Business (VOSB) ____ Small Business (SB) ____ Large Business (LB)
		13. Proposed Synopsis: <input type="checkbox"/> Yes <input type="checkbox"/> No, Per FAR 5.202 <input type="checkbox"/> FEDBIZOPPS <input type="checkbox"/> Other _____	
		15. Is this a bundled procurement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - attach supporting documentation/justification)	
<b>Procurement History</b>			
16. Has Exact Item/Service Been Previously Awarded? <input type="checkbox"/> Yes (Complete the rest of the section) <input type="checkbox"/> No		17. Period of Performance:	18. Contract Number:
20. Name, Address and business type of Contractor _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> HUBZone <input type="checkbox"/> 8(a) <input type="checkbox"/> SDB <input type="checkbox"/> WOSB <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SB <input type="checkbox"/> LB		21. Total Value:	22. Method of Procurement:
		23. No. of Responses Received ____ 8(a) _____ Veteran-Owned Small Business (VOSB) ____ HUBZone _____ Small Business (SM) ____ Small Disadvantaged Business (SDB) _____ Large Business (LB) ____ Woman-Owned Small Business (WOSB) ____ Service Disabled Veterans-Owned Small Business (SDVOSB)	
24. Signature of Contracting Officer:		Date:	
<b>C. Office of Small Business Programs - OSD/Small Business Administration Procurement Center Representative</b>			
25. <input type="checkbox"/> I concur with the recommendations. <input type="checkbox"/> I recommend soliciting additional sources including those on the attached list. <input type="checkbox"/> I do not concur with the recommendations and request suspension of the procurement action pending an appeal under FAR 19.505.S B A Form 70 is attached.			
26. Signature of OSD/Small Business Administration Procurement Center Representative:		Date:	